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Queensway-Carleton Hospital
Recovery Plan

Prepared by:
Ministry of Health and Long-Term Care
East Region Office
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Introduction

Queensway-Carleton Hospital is currently a 201 bed full service community hospital providing medical/surgical care, intensive care, ambulatory care, psychiatric care, and, as of November 1999, maternal/newborn care and gynecological care. The hospital has experienced significant and largely unplanned growth over the period 1996/97 to 1999/00 as demonstrated by the following:

- Increase in emergency visits of 7%.
- Growth in weighted cases of 24%.
- Increase in clinic visits of 26%.
- Increase in overload days of 88%.

The primary catchment area for the hospital has increased and currently stands at approximately 300,000.

The Maternal Newborn program has significantly impacted the hospital, as it is different from the program transferred from the Salvation Army Grace Hospital in the following ways:

- Increased volume.
- Increased patient acuity.
- Service enhancements have been added.

The hospital has also undergone numerous changes to its Senior Management Team in the last three years including a new Chief Executive Officer, a new Vice President, Patient Care, the departure of the Vice President Finance/Human Resources, and the Vice President Diagnostic, and Hospital and Information Services. The hospital has recently employed a Vice President, Corporate Services, and appointed a Vice President, Corporate Effectiveness jointly with the West Ottawa Valley Network in the fall of 2000.

The financial position of the hospital was worsening over the period 1996/97 to 1999/00 as the deficits for each fiscal year began to increase and the working capital position was worsening. In an effort to address the growing deficit, the Board requested an Operational Review of the Queensway-Carleton Hospital.

The Ministry of Health and Long-Term Care engaged First Consulting Group to conduct an Operational Review of the Queensway-Carleton Hospital. The Operational Review had two overall objectives:

- Explain the reason for the operating and working funds deficits
- Identify what needs to be done to achieve improved and stable financial performance in the face of increasing fiscal and programming pressures.

The specific objectives of the review were to:

- Conduct an organization-wide assessment of the current financial, clinical and operating performance of QCH to identify opportunities for improving short, medium, and longer-term cost performance.
- Assess the governance, management and decision-making structures in place, including all decision-making processes in place across the organization.
- Review and assess the status and impact of program and service changes as a result of HSRC directives.
- Construct a recovery plan that will support the full implementation of recommendations in order to achieve and sustain improved performance in the long term.

The Operational Review was conducted over the period August 2000 to February 2001. The specific recommendations contained in the Operational Review include the following:

Board Development

1. The Ministry appoints an individual to provide advice and support to the Board for a period of six to nine months, and who is accountable to the Ministry.
2. The Board Chair and the Regional Director of the Ministry of Health and Long-Term Care meet to establish 'ground rules' for communication about capital, fiscal and governance matters.
3. The Board and the Ministry immediately establish an agreement regarding working capital for the remainder of this fiscal year.
4. The Board and the Ministry immediately agree on an appropriate level of activity for the hospital that can be used to establish base funding.
5. The Board and the Ministry confirm the base funding adjustment required over current base funding.
6. The Board Chair directs the CEO to develop comprehensive and compelling operating plans to support the use of fiscal resources in each fiscal year.

Management Development

7. The individual appointed by the Ministry provides oversight guidance, advice and support to the CEO and the senior management team, and is responsible to the Ministry for reporting the achievement of stated outcomes.
8. The CEO completes the recruiting process for the vacant senior management positions.
9. The CEO confirms the corporate responsibility for planning related to capital development and WOVN.
10. The CEO continues initiatives already in progress to build positive and proactive relationships between department managers and the senior management team.
11. The CEO ensures that the organization renewal process is organized around priorities for change in the management and leadership process and is focused on the strategic outcomes of the recovery plan recommendations.

Medical Staff Issues

12. The Board Chair, CEO and Chief of Staff ensure that the medical staff play key role in, and are involved with, the recovery process.
13. The Board Chair and CEO ensure that medical human resources plans are consistent with the role of QCH, are accompanied by detailed impact analyses, and are affordable within the financial resources available.

Departmental Operations

14. The Vice President, Patient Care services seeks alternatives to the management of visits to the Emergency Room, including a revisit of the Quick Response Team initiative and alternatives to handle non-urgent walk-in cases.
15. The Vice President, Patient Care Services considers a study of the block booking system currently in place in the operating Room.
16. The CEO undertakes an aggressive review of information systems requirements and priorities.

Fiscal Recovery

17. The Ministry and the Board negotiate appropriate funding level for an agreed level of activity at the hospital.
18. The CEO and management team continue efforts to manage transition costs out of the system.

Role for Queensway-Carleton Hospital

19. The Ministry of Health and Long-Term Care and the Board of the Queensway-Carleton Hospital confirm a new role for QCH:
    - Based on HSRC recommendations to 2003
    - Based on growth to 2008.

Recovery Plan Schedule

20. The Ministry and the Board agree to a recovery plan schedule that reflects the urgent need for improved fiscal and management performance.
21. The Board of QCH develops a policy that will guide the organization in the maintenance of a balanced budget.

Implementation Priorities

Attached, as Appendix A is a document entitled *Implementation Priorities.* This document includes the recommendations from the Operational Review and the key activities with assigned responsibility and outcome measures. This document is intended to be a guide for the implementation of the Recovery Plan. The document is cross-referenced with the hospital's strategic planning document that includes linkages to items in categories for process, client, learning and growth, and finance.

The East Region Office of the MOHLTC and the Senior Management Team of the Queensway-Carleton Hospital collaborated on the development of the document.

Financial Analysis

The Queensway-Carleton Hospital is projecting a deficit of $14.5 million for fiscal 2001/2002. This is an increase of $7.2 million over the projected deficit for fiscal 2000/2001. The projected deficit for fiscal 2000/2001 was $7.3 million prior to the $10.0 million of one time funding provided by MOHLTC.

Fiscal 2000/2001:

The financial position for fiscal 2000/2001 is the result of activity increases during the fiscal periods 1995/96 through 2000/2001 that far exceeded MOHLTC funding levels. During this 5 year period weighted cases at QCH (including maternal/newborn) increased 57.5% while MOHLTC base funding increased 31.8%. This created an activity/funding variance in the range of $9.0 million.

Analysis show that the activity increase at QCH is a result of both referral base population growth and market share increase. QCH's main catchment areas are Ottawa West, Nepean, Kanata and Goulbourn. During the last five years population in these areas has increased 8.6% or around 1.75% per year.

Over the two-year period from 1997/98 to 1999/00 QCH's market share (not including maternal/newborn) in their catchment area has increased just over 1% in Kanata and Nepean, 2.7% in Ottawa West and 6.7% in Goulbourn. The effects of this market share shift resulted in an 18.7% increase in QCH weighted cases during this two year period. The market shift in these four major areas explains over 80% of the increase in QCH's weighted cases over this period of time. Market data for 2000/2001 is not available to do a similar analysis.

Fiscal 2001/2002:

Since the Queensway-Carleton Hospital is under an operational review they were not required to submit a formal Operating Plan for fiscal 2001/2002. A budget projection for 2001/2002 was submitted by the hospital that estimated the deficit for 2001/2002 to grow to $14.5 million. A review of the reasons for the budget increases resulted in the following items being removed by the MOHLTC Eastern Team.

Expenses Removed - $5,031,000

The principles employed by the MOHLTC is that the operational review addressed aspects of hospital operations up to and including the last fiscal year. Unapproved program activity will not be addressed. Revenue generation programs must at least

break even. Estimated inflation costs for 2001/02 and beyond will be addressed consistent with the manner used for all other public hospitals and in accordance with the funding levels and allocation methods available.

1. Annualization of programs introduced in 2000/01. These programs were both unapproved programs introduced by the hospital for revenue generation as well as expansion to existing programs to address growth pressures including urology, sleep lab, nuclear medicine, ER visits, and ER visit admissions(direct and indirect costs) – $1,225,000. These expenses were removed as the hospital was compensated for growth expenses and revenue generation programs should be neutral in terms of costs and revenues.

2. Inflation related to supplies and labour - $2,301,000

3. Risk management issues and compliance with new legislation/standards – $545,000

4. Other one time costs - $360,000

5. Staff Education re-investment to industry norm - $600,000

Revenue Removed - $357,000

1. Projected increase in other revenues of $357,000 related to annualization of programs.

It should be noted that the adjusted deficit does not include an expense adjustment for inflation on either salaries or supplies. A 1% increase on salaries and benefits equates to $484,000 and 1% on supplies equates to approximately $150,000. The adjusted deficit also reflects 0% growth.

Maternal/Newborn

The Queensway-Carleton Hospital requested that HRIT review the funding of incremental volume in the Maternal/Newborn program as per the original Functional Program. HRIT has completed it's review and supports a base funding increase.

The Queensway-Carleton Hospital has included the incremental costs of the Maternal/Newborn program in their projected budget for fiscal 2001/2002. The MOHLTC has not removed these costs from the budget projection.

The base funding adjustment for this program forms part of the overall base funding recommendation in this report.

Clinical Efficiencies

The Queensway-Carleton has identified savings of $610,600 in clinical efficiencies for fiscal 2001/2002. This represents 6-months implementation of the identified savings. The annualized savings become $1,221,200 in subsequent years.

Of these year one savings, $532,000 is a result of reducing ALC days by 50% from 13,870 to 6,935. When these patients have been relocated, the beds associated with these patient days will be closed (the equivalent of 19 beds). The resultant annual savings are $1,064,000.

In addition to the ALC savings, QCH has identified savings in Length of Stay reduction. QCH has estimated a LOS efficiency reduction of 1,200 days (the equivalent of four beds) resulting in an annual net savings of $157,200. Half of these savings, $78,600, will result in year one of the recovery plan.

The Queensway-Carleton has not identified any savings in Same Day Surgery Conversion or in May Not Require Hospitalization.

Departmental Efficiency Gains

The operational review suggested there were limited opportunity for efficiency gains in administrative and support areas. QCH has identified savings in Materials Management, Health Records and Admitting/Registration that will [illegible]avings of $40,000 in year one of the recovery plan, $120,000 in year two and $240,000 each year thereafter.

Revenue Generation

The Queensway-Carleton has identified additional revenue generation from parking of $50,000, in preferred accommodation revenue of $100,000 and of $10,000 for out of province revenue in the sleep lab. This results in an annual increase in revenue of $160,000.

Summary

The results of the above are summarized in the following table.

The Queensway Carleton Hospital
Deficit Analysis 2001/02 to 2005/06

	20001/02	2002/03	2003/04	2004/05	2005/06
QCH Projected Deficit 2001/2002	$14.50	$14.50	$14.50	$14.50	$14.50
Add: Budget Revenue Reduction	0.36	0.36	0.36	0.36	0.36
Less: Budget Expense Reduction	(5.03)	(5.59)	(5.59)	(5.59)	(5.59
Clinical Efficiencies	(0.61)	(1.22)	(1.22)	(1.22)	(1.22
Departmental Efficiencies	(0.04)	(0.12)	(0.24)	(0.24)	(0.24
Revenue Generation	(0.16)	(0.16)	(0.16)	(0.16)	(0.16
Adjusted Deficit 2001/2002	$9.02	$7.77	$7.65	$7.65	$7.65

Note: Inflation not included

Recommendation:

It is recommended that the Queensway-Carleton Hospital receive an adjustment to their MOHLTC base funding in the amount of $7.65 million.

It is also recommended that the Queensway-Carleton Hospital receive one time funding for fiscal 2001/2002 of $1.37 million and one time funding of $120,000 for fiscal 2002/2003.

Working Capital

The Queensway-Carleton Hospital experienced five consecutive years of operating deficits starting in 1995/96. MOHLTC one time funding of $10.0 million resulted in a $2.0 million surplus in fiscal 2000/2001. As a result of the deficits, QCH's working capital has eroded to a negative position of $4.7 million at March 31, 2001.

Working Capital Analysis

	Working Capital At March 31 ('000)	Surplus(Deficit) ('000)	Accumulated Deficit ('000)
1995/96	$946	($1,158)	($1,158)
1996/97	$990	($528)	($1,686)
1997/98	($53)	($1,706)	($3,392)
1998/99	($974)	($1,807)	($5,199)
1999/00	($6,923)	($7,159)	($12,358)
2000/01	($4,723)	$2,056	($10,302)

Notes:

1. The accumulated deficit from operations as of March 31, 2001 exceeds the negative working capital at March 31 2001 by $5.6 million. This variance arises due to the financing activities of the hospital during the period of analysis, wherein the hospital financed equipment through sources other than working capital.

2. The negative working capital position does not include the capital borrowing costs of a new accounting system and payroll system. This activity was financed by entering into a long-term capital lease of approximately $850,000.

3. The estimated surplus for 2000/2001 does not include the recognition of any liability for employee future benefits as required under Section 3461 of the CICA handbook. The expenditure for 2000/2001 will be recorded prior to the finalization of the audited financial statements.

Recommendation:

It is recommended that the MOHLTC and Queensway-Carleton Hospital develop a plan to reduce the working capital deficit.

Activity Transfer from The Ottawa Hospital

The operational review of the Queensway-Carleton Hospital is occurring simultaneously with the review of the Ottawa Hospital. The concurrent reviews have resulted in an opportunity to reallocate future and current activity levels to better meet patient/community needs and provide a system which results in a more cost effective delivery of services.

During the first two years of this recovery plan, there is a commitment by the Ottawa Hospital, the Queensway-Carleton Hospital and the MOHLTC to move planned and current activity from the Civic Campus of the Ottawa Hospital to Queensway-Carleton Hospital. The activity transfer represents two elements:

- 11,443 patient days of growth (equivalent to 33 beds) currently planned for the Civic Campus
- 16,297 patient days of activity (equivalent to 47 beds) currently at the Civic Campus.

The activity transfer totals 27,740 patient days which is equivalent to 80 beds. To facilitate this transfer of activity Queensway-Carleton Hospital will undertake a number of strategies including:

- Closing beds currently occupied by ALC patients and subsequently opening the beds with an acute population.
- Bringing back into service beds currently closed for office space through the renovation of space or provision of alternative accommodation.
- Construction new patient care areas above the new ER service area.

The activity transfer of 27,740 patient days (80 beds), both current and redirected growth, will be handled in two phases. The first phase will take place in fiscal 2001/2002 and will be an activity transfer equivalent to 8,322 patient days (24 beds). The associated patient days will be 4,855 medical patient days (14 beds) and 3467 surgical patient days (10 beds). This is equivalent to 1,387 urology patient days (4 beds) and 2,080 orthopedic patient days (6 beds).

The second phase will be an activity transfer of 7,975 patient days (23 beds) plus an addition of 11,443 patient days of growth (33 beds). This phase is scheduled for fiscal 2002/2003. The phase II transfer will save approximately $4.2 million due to case cost differences.

The transfer of the 27740 patient days (80 beds) is currently being negotiated between the two hospitals. There will be a net cost savings to the system since the cost per case at the Queensway-Carleton is substantially less than that of The Ottawa Hospital. The magnitude of the savings has not been determined at this time.

Phase II

The combination of activity transfer and growth offset (diverted from The Ottawa Hospital – Civic Campus) amounting to 19,418 patient days (56 acute beds) will result in a net savings to the system of approximately $4.2 million related to 19,418 patient days (56 beds) operated by the Queensway-Carleton Hospital as opposed to The Ottawa Hospital. The difference in the cost per weighted case explains the difference.

The QCH, subject to MOHLTC approval, is planning for the following service levels by bed type:

274 acute
22 acute mental health
15 rehabilitation

Phase III

To address the growth in West and Southwest Ottawa between the years 2003 and 2008 the role study of QCH estimates a total of the following beds by type:

- 325 acute care
- 25 acute mental health
- 15 short term rehabilitation

These figures will be part of the deliberations between the MOHLTC and QCH regarding its future role as part of the recovery plan process as recommended in the Operational Review.

Role Study Summary and Status

The Operational Review has confirmed that the role for QCH in the future will have to be adjusted to meet the growing demands of its immediate catchment area and to allow the organization to serve and support the needs of Ottawa-Carleton and Network 7a. This will mean significant change for the organization.

Several recent external circumstances have created an urgent need for QCH to update and confirm its role. These factors include:

- Recent restructuring in the Ottawa area including the impacts of:
  - ➢ Inadequate sizing for growth and aging;
  - ➢ Substantially changing market share; and
  - ➢ Closing of hospitals.
- Development of hospital networks:
  - ➢ QCH has been designated as the secondary referral hospital for Network 7a.
- Operational review at Queensway-Carleton Hospital:
  - ➢ Recommended confirmation of role in light of external environment.
- Operational review at The Ottawa Hospital:

➢ Opportunities to explore provision of primary and secondary care closer to patients home; and

➢ Cost effectiveness.

- Dramatic population growth and aging in the surrounding communities:

➢ Some of the QCH service area will have annual growth of 6.9% or 6 times the Ontario growth rate or 3 times the GTA/905 growth rate.

In addition to the external factors, the internal direction setting of QCH confirms the need for expansion of the scope and depth of services currently offered. The following statements are excerpts from the current corporate directions:

- "Evolve the scope and delivery of cornerstone programs to provide services responsive to the care needs of our referral communities."

- "Provide leadership in achieving an effective and efficient, integrated health delivery system based on the principles of equal and responsive partnerships. Partnerships should include both hospital alliances, as well as community support providers. A specific focus will be a commitment to and support of the West Ottawa Valley Network (WOVN)."

Queensway-Carleton Hospital has developed a Role Study document that contains a description of the service area of the QCH, the current market share, modelling of growth to comparable 300-400 beds hospitals, a high level description of the community health status and catchment area requirements to the year 2008. The role study is based upon the needs of the population and the hospital's ability to provide care as close to home as possible in a safe, and cost-effective manner.

The hospital envisions "the provision of exceptional primary, secondary and select tertiary care to all residents in West Ottawa and communities in the West Ottawa Valley Network – through inpatient and outreach programs and clinics and through partnerships and linkages with other hospitals and community organizations.

[The role of the hospital] confirms that [QCH] will:

- Provide a full range of primary and secondary care along with select tertiary care services to our primary catchment area.
- Complement existing specialty providers (e.g. CHEO) through the implementation of integrated programs and services. As such, there will be no inpatient pediatric services during this planning horizon (2008).
- Fulfill [QCH's] role as a secondary referral hospital for the West Ottawa Valley Network providing access to specialized inpatient and diagnostic services."

The cornerstone programs that QCH will provide include:

- 24 hour Emergency Services.
- Medical Services.

- Surgical Services.
- Mental Health Services.
- Geriatric Services.
- Rehabilitation Services.
- Family-Centred Childbirth Services.

A comprehensive range of diagnostic and therapeutic services will support these cornerstone programs.

The hospital will work with the Ministry of Health and Long-Term Care to finalize the role consistent with realistic growth estimates and also with potential shift of caseload from The Ottawa Hospital to the Queensway-Carleton Hospital.

Monitoring and Reporting

Coaching Assistance

Fundamental to any organization's sound performance is the effectiveness of the management practices of the Board, senior management team and medical staff. Excellence in governance is achieved when the Board fully understands and executes its purpose. In health care organizations, board governance is the process of exercising corporate leadership and being accountable for mission, vision, values, controls, and expectations management. The governance process requires that the Board seek a balance between needs and resources. The Board of the QCH requires assistance with the following activities:

- Understand and articulate the responsibilities of a Board with respect to fiscal control, strategic and operational planning.
- Develop relationships with the Ministry of Health and Long-Term Care.
- Articulate the appropriate relationship between the CEO and the Board.
- Guide the implementation of the recommendations in the Operational Review Report.
- Oversee the development of a detailed implementation plan for the recommendations in the Operational Review Report.
- Establish measures that demonstrate the successful implementation of the recommendations.
- Establish appropriate planning processes with respect to short, medium and long term development of the role of QCH.

Hospitals are complex organizations and, therefore, require strong management competencies. A key skill is managing the balance between the competing influences that challenge every hospital: the demands of the community, the demands of the medical staff, the expectations of the Board, and the fiscal resources available to respond to those competing demands. The Senior Management team has a number of critical management

issues to address in order to move forward to successfully manage the organization including:

- A detailed planning process that includes clearly articulated roles for Senior Management in the planning process and in operational responsibility.
- A parallel planning for the West Ottawa Valley Network (WOVN) that is integrated with the role for QCH.
- Ongoing and active planning and budgeting processes.
- A mechanism to address the reporting relationship tensions in the organization.
- A mechanism for ensuring that the organizational renewal process is organized around priorities for change in the management and leadership process.

The Operational Review included recommendations (#1 and #7) for assistance to the Board and Senior Management in the Recovery Plan process. The MOHLTC has appointed Mr. Daniel Carriere, CEO of Southlake Regional Health Centre, to act as coach in order to provide the necessary assistance to the Board and Senior Management.

The Coach reports to the MOHLTC through the Regional Director, East Region, Health Care Programs Division. The Coach is responsible for informing the MOHLTC of the following:

- Progress in achieving the development of a recovery plan.
- Progress in achieving the steps outlined in the recovery plan.
- Other issues with respect to ongoing management and governance of the QCH.

The hospital has full responsibility for implementing the recommendations; however, the Coach can advise the hospital and facilitate the process. The Coach is also expected to advise the MOHLTC on any recommendations that involve the ministry.

Given the timeframes for the implementation of the Recovery Plan and the expectation for significant progress in each quarter of fiscal year 2001/02, in addition to the coach, the MOHLTC will also appoint a representative to monitor and report on progress. The MOHLTC representative will be the Regional Director, East Region.

Monitoring Progress in the Recovery Plan

The Regional Director will attend meetings of the Executive Committee of the Board of Queensway-Carleton Hospital for six months. During this time, the Regional Director will also attend meetings of the Board as necessary.

A Ministry of Health and Long-Term Care Program Manager, Hospital Consultant, and Finance and Information Consultant will attend regular meetings of the appropriate Board Committees.

Senior hospital staff and senior MOHLTC regional staff will meet at least monthly to review progress on both the Recovery Plan and the role study planning.

Reporting

The hospital will submit monthly reports detailing the following:

- Financial data related to revenues and expenses.
- Activity data related to inpatient and outpatient activity.
- Management and Board process improvement.

OVERALL SUMMARY

Operational reviews of The Ottawa Hospital (TOH) and the Queensway-Carleton Hospital (QCH) were conducted simultaneously from the fall of 2000 to the spring of 2001 to deal with the deteriorating financial position of both hospitals. The scope of the operational reviews was comprehensive and included governance, management, clinical services and finances.

The findings and recommendations of the operational reviews deal with somewhat different issues for each hospital. At TOH, the focus was primarily on the significant operating deficit, clinical and departmental efficiencies, along with transfer of alternate level of care (ALC) and program activity externally. At QCH, the focus was primarily on governance and management, the significant operating deficit, the transfer of ALC activity externally and growth in program activity to allow the QCH to function more fully as a referral centre. In effect, there would be a transfer of inpatient and related program activity from TOH to QCH.

Emanating from the two operational plans are the recovery plans for each hospital that are required for the Minister of Health and Long-Term Care. The recovery plans describe the current financial situation of each hospital, how and when clinical and departmental efficiencies will be realized, how and when other savings opportunities (i.e. – ALC, program transfers) will be realized and the monitoring process for ensuring that targeted savings are achieved.

The recovery plans are a collaborative effort of the East Region Office of the Ministry of Health and Long-Term Care (MOHLTC) and the hospitals. We have tried to be aggressive in achieving the maximum amount of savings in the first two years (i.e. 2001-02 and 2002-03). In some cases, the Ministry has moved forward some savings to earlier dates than those proposed by the hospital. The recovery plans comment upon the sizeable working capital deficits of TOH and QCH, but more work remains to be done in this regard.

As described above, solutions to the deteriorating financial positions of TOH and QCH are largely to be found within the hospitals. Nonetheless, part of the solutions has to be found in adaptations across the rest of the Ottawa health care system, notably in long-term care (LTC) facilities and home care.

The Ottawa Community Care Access Centre (CCAC) is responsible for admissions to LTC facilities and the home care program. The opening of 415 additional permanent LTC beds in Ottawa (from the 1998 LTC RFP process) provides a unique opportunity to relieve the build-up of ALC patients at TOH and the QCH. Home care resources have also increased, and although last year's 7% increase in the CCAC operating budget will likely be less in 2001-02, we can target resources to areas of higher need such as hospital ALCs.

In order to facilitate continued and timely progress in implementing the recovery plans of TOH and the QCH, the East Region Office of the MOHLTC will create a steering committee with representation from MOHLTC, TOH, QCH and the CCAC.

In conclusion, the operational reviews of TOH and QCH have documented issues that needed to be addressed to improve hospital management and operations. The recovery plans describe how these issues will be addressed in the short term (first two years) and beyond. Significant, tangible improvements can be made for both TOH and QCH.